

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/15/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/16/2006						
		FINANCIAL PAYER: NCMMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAIN	8505	4262	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8599	342	DETAIL NOT COVERED BY COMBINAT	8	4660	4708	48
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	24	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	8505	5916	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		21	1484	DUPLICATE OF CLAIM-SYSTEM	0	7620	9572	1952
		8800	202	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404910	PATHWAYS	8505	1349	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	217	FURTHER PROCESSING NECESSARY,	1	1668	5907	4237
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8505	1344	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	23	1386	1593	207
				RVICES IN IPRS.				
		8800	9	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404913	MECKLENBURG COM	11	15153	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	5223	DUPLICATE OF CLAIM-SYSTEM	3742	28846	35850	7004
		8933	2498	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	79	200	THIS SERVICE IS NOT PAYABLE TO				
	VIORAL HEAL			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	38	DETAIL NOT COVERED BY COMBINAT	0	282	1673	1391
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	17	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404917	CENTERPOINT HUM	8505	3974	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		79	736	THIS SERVICE IS NOT PAYABLE TO	217	5513	8003	2490
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	412	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	21	233	DUPLICATE OF CLAIM-SYSTEM				
		8599	179	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	50	502	10827	10325
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	580	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	278	DUPLICATE OF CLAIM-SYSTEM	22	1193	5895	4702
		10	94	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C HATHAM AREA	8505	1810	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1578	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	36	3632	4612	980
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8505	4545	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	89	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	4753	5124	371
		8329	58	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	8599	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	41	PROCEDURE IS NOT COVERED FOR F HIS DATE OF SERVICE	1	202	2872	2670
		8534	20	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1559	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	224	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	31	2593	6231	3638
		120	193	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8533	22	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	2	207	5018	4811
		5404	10	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				
3404927	CUMBERLAND CO M HC	8505	719	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	76	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	7	987	1534	547
		8800	69	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	203	221	18
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8505	130	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	155	373	218
		8534	5	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	57	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	208	2970	2762
		21	27	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BERAV REAL	11	519	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	343	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	1519	2044	525
		79	209	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	1261	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	5	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR	0	1275	1277	2
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	31	DUPLICATE OF CLAIM-SYSTEM				
		8518	17	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR EOS (JULY 1 - JUNE	0	57	2601	2544
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VOFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	142	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		537	13	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	174	386	212
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S AS CENTER	8329	1162	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	759	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3178	6272	3094
		21	517	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALISED	TOTAL CLAIMS PAID
3404942	ROANOKE CHOMANH UMAN SERVIC	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	7	SEVERE DUPLICATE: SAME ATTD PR OV/P/CD/POS/DOS/MOD	5	26	604	578
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	20	68	1185	1117
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	8536	313	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		21	207	DUPLICATE OF CLAIM-SYSTEM	0	843	994	151
		79	200	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	2248	DUPLICATE OF CLAIM-SYSTEM				
		8599	313	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	2397	10083	7086
		8000	188	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL HEALTH CTR	8518	117	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	15	240	538	298
		8505	25	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	1269	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	64	1598	3989	2391
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				